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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

Ford	alen	dar year 2009, or tax year beginning		, and ending		
G C	heck	all that apply. Initial return	Initial return of a for		Final retu	rn
		Amended return	Address chang	je	Name change	
lise	the	Name of foundation			A Employer identification	on number
	abel	CHAMPION MCDOWELL DAV	IS CHARITABLE	3		
Oth	erwi	se, FOUNDATION, INC.			56-605571	6
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/s	B Telephone number	
	type	E • O • DIGWER 21/0			910-617-5	327
	Spe	LUIV OF TOWN, STATE, AND ZIP CODE		•	C If exemption application is	pending, check here
Insti	ructio	ons WILMINGTON, NC 28402			D 1 Foreign organizatio	· •
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		2 Foreign organizations r check here and attach	
] Se	· ·	Other taxable private foundate	tion		
I Fa		irket value of all assets at end of year J Accounti		X Accrual	E If private foundation s under section 507(b)(
(fr	om F	Part II, col (c), line 16)	her (specify)		F If the foundation is in	<i>,</i> , , ,
>			mn (d) must be on cash b	asis)	under section 507(b)(
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investme	nt (c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	241,913.	241,9	13.	STATEMENT 1
	5a	Gross rents				
	Ь	Net rental income or (loss)				
-	6a	Net gain or (loss) from sale of assets not on line 10	191,981.			
Revenue	Ь	Gross sales price for all assets on line 6a 8,047,226.				
, ve	7	Capital gain net income (from Part IV, line 2)		191,98	81.	
æ	8	Net short-term capital gain			V = V	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	Ь	Less Cost organis out VED				
	C	Gross profit of tioss)				
	11					
	12	Total Carlo lines 1 through 12010	433,894.	433,89	94.	
	13	Compensation of officers, directors, trustees, etc.	13,500.	6,7		6,750.
	14	Other employee salands and wabes				7
	15	Pension plans, employee benefits				
enses	16a	Legal fees STMT 2	9,646.	4,8	23.	4,823.
ë	ь	Accounting fees STMT 3	11,648.		12.	8,737.
쫎	C	Other professional fees	,			
Operating and Administrative Expo	17	Interest				
rati	18	Taxes STMT 4	23,878.	15,9	53.	0.
ist	19	Depreciation and depletion				
	20	Occupancy				
S.	21	Travel, conferences, and meetings				
⊝ ₽	22	Printing and publications				
⊢g g	23	Other expenses STMT 5	22,042.	7,18	87.	14,856.
عق	24	Total operating and administrative				
Se		expenses. Add lines 13 through 23	80,714.	37,62	25.	35,166.
) ō	25	Contributions, gifts, grants paid	147,500.			127,500.
1	26	Total expenses and disbursements				
		Add lines 24 and 25	228,214.	37,62	25.	162,666.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	205,680.			
		Net investment income (if negative, enter -0-)		396,20	69.	
	1	Adjusted net income (if negative, enter -0-)			N/A	
92350		LHA For Privacy Act and Paperwork Reduction	Act Notice see the instructi	ions		Form 990-PF (2009)

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.Form	990-PF	(2009)

FOUNDATION, INC.

56-6055716

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of	End of year		
rai	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	Cash - non-interest-bearing					
;	2 Savings and temporary cash investments	20,500.	10,691.	10,691.		
	Accounts receivable ►					
	Less: allowance for doubtful accounts ▶					
.	Pledges receivable ►					
	Less: allowance for doubtful accounts ▶		1			
- ,	5 Grants receivable					
	Receivables due from officers, directors, trustees, and other					
	disqualified persons	i	i			
	7 Other notes and loans receivable			755.7		
	Less: allowance for doubtful accounts					
.						
ᅙ	Inventories for sale or use	14 000	16 070	16 070		
l SS	Prepaid expenses and deferred charges	14,898.	16,979.	16,979.		
7 1	Da Investments - U.S. and state government obligations	10 054 054				
	b Investments - corporate stock STMT 6	12,851,054.	15,157,774.	15,157,774.		
	c Investments - corporate bonds					
1	1 Investments - land, buildings, and equipment basis \(\) \	į	ł			
	Less accumulated depreciation	1,992.	1,992.	2,100,000.		
1:	2 Investments - mortgage loans					
1:	3 Investments - other					
1	4 Land, buildings, and equipment: basis ►					
	Less accumulated depreciation	ĺ				
1	5 Other assets (describe ►)					
1	Total assets (to be completed by all filers)	12,888,444.	15,187,436.	17,285,444.		
1	7 Accounts payable and accrued expenses		20,000.			
1	· · ·					
Liabilities 1						
qe 2	,,					
ر ا ت	2 Other liabilities (describe ►)					
-	Other habilities (describe		··			
,	3 Total liabilities (add lines 17 through 22)	0.	20,000.			
- -		0.	20,000.			
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31					
S	,					
2 2	4 Unrestricted					
를 2	• •					
9 2	·					
돌	Foundations that do not follow SFAS 117, check here					
声	and complete lines 27 through 31.					
ğ 2		12,888,444.	15,167,436.			
Net Assets or Fund Balances		0.	0.			
₹ 2	Retained earnings, accumulated income, endowment, or other funds	0.	0.			
₽ 3	D Total net assets or fund balances	12,888,444.	15,167,436.			
3	1 Total liabilities and net assets/fund balances	12,888,444.	<u> 15,187,436.</u>			
Pa	♣ Analysis of Changes in Net Assets or Fund B	alances				
			·····			
	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		44 44		
	ust agree with end-of-year figure reported on prior year's return)		1	12,888,444.		
	ter amount from Part I, line 27a		2	205,680.		
3 Ot	her increases not included in line 2 (itemize) UNREALIZED	GAIN ON SECURI	TIES 3	2,073,312.		
4 Ac	d lines 1, 2, and 3		4	15,167,436.		
5 De	creases not included in line 2 (itemize)		5	0.		
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	15,167,436.		
				Form 990-PF (2009)		

Part IV Capital Gains an	d Losses for Tax on In	vestment	Income						
	the kind(s) of property sold (e.g ouse; or common stock, 200 shs			(b) F	How ac - Purch - Dona	quired nase ition	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a		•••							
b SEE ATTACHED S	TATEMENT							-	_
<u>c</u>									
d	 .					-		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed	(a) Cos	st or other basis				(h) G	ain or (loss	<u> </u> :)
(e) di oss sales price	(or allowable)		xpense of sale					s (f) minus	
a b								•	
c			·						· u
d					_	-			
e 8,047,226.			7,855,24	5.					191,981.
Complete only for assets showing g	ain in column (h) and owned by	the foundation	on 12/31/69			(!)	Gains (C	Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			col		not less tha (from col	
a	W41+7								
<u>b</u>									
C	~							 	
_d									101 001
e									191,981.
2 Capital gain net income or (net capital	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line - in Part I, line	7 7	}	2				191,981.
3 Net short-term capital gain or (loss) a		nd (6):		\neg					
If gain, also enter in Part I, line 8, coli	ımn (c).							37 / 3	
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome	N/A	
(For optional use by domestic private for									
		1510(a) tax on	not invostment in	1001110	·- <i>)</i>				
If section 4940(d)(2) applies, leave this p	oart blank.								
Was the foundation liable for the section	4942 tax on the distributable am	nount of any ye	ear in the base per	rıod?					Yes X No
If "Yes," the foundation does not qualify i									
1 Enter the appropriate amount in each	ocolumn for each year; see instri	uctions before	making any entri	es.					· /
(a) Base period years	(b)	tributions	Not value of no	(c)		uco accata		Distril	(d) bution ratio
Calendar year (or tax year beginning i			Net value of no				_	(col. (b) di	vided by col. (c))
2008		6,093.		10	, 64	7,505			.151740
2007		8,816. 6,799.				0,71 <u>4</u> 7,473			.062336
2005		1,168.				0,631			.044952
2004		1,412.				1,559			.045423
2004		<u> </u>		<u> </u>	,	<u> </u>	•	l	.043423
2 Total of line 1, column (d)							2		.351542
3 Average distribution ratio for the 5-ye	ear base period - divide the total of	on line 2 by 5,	or by the number	of year	ars				
the foundation has been in existence	•	•	•				3		.070308
4 Enter the net value of noncharitable-t	ise assets for 2009 from Part X,	ine 5					4	1	5,249,025.
5 Multiply line 4 by line 3							5		1,072,128.
							1		
6 Enter 1% of net investment income (1% of Part I, line 27b)						6_		3,963.
									4 684
7 Add lines 5 and 6							7	<u> </u>	1,076,091.
8 Enter qualifying distributions from Pa	ırt XII, line 4						8		162,666.
If line 8 is equal to or greater than lin See the Part VI instructions	e 7, check the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax r	ate.			-

		b-6055			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	lo - See i	nstru	CTIO	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	4			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		<u>7,9</u>	<u>25.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		<u>7,9</u>	<u>25.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		7,9	<u> 25.</u>
6	Credits/Payments:	<i>.</i>			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 10,000.	1			
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d	İ			
7	Total credits and payments. Add lines 6a through 6d	7	1	0,0	00.
8		8			
		9			
10		10		2.0	75.
		11			0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
Ī	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	nr.	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>
	distributed by the foundation in connection with the activities	•			
	Did the foundation file Form 1120-POL for this year?		1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		16		
u	(1) On the foundation. > \$ 0. (2) On foundation managers > \$ 0.				
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
E	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
2	If "Yes," attach a detailed description of the activities				
•					
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		
٥	If "Yes," has it filed a tax return on Form 990-T for this year? West have a larged transfer of description of a substantial contraction during the year?	N/A	4b		Х
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				l
	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	N			
_	remain in the governing instrument?		6	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	├
_	If "Yes," complete Part II, col. (c), and Part XV				1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
	NC .				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses		10		X

CHAMPION MCDOWELL DAVIS CHARITABLE Form 990-PF (2009) 56-6055716 Page 5 FOUNDATION, INC. Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no. > 910-617-532714 The books are in care of ▶ W. CARTER MEBANE, III Located at ▶ PO DRAWER 2178, WILMINGTON, NC ZIP+4 ▶28402 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes 🗶 No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2009? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2009? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b if "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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X

3b

4a

Yes X No

during the year?

CHAMPION MCDOWELL DAVIS Form 990-PF (2009) FOUNDATION, INC.			56-60557	16	Page 6
Part VIIEB Statements Regarding Activities for Which I	orm 4/20 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				1	-
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	. ,,		es 🗶 No	1	1
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indir		()		1
any voter registration drive?	_		es X No	l	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	<u></u>	(99)	1	- [
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[37]		1
the prevention of cruelty to children or animals?			es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		in Regulations	27 / 2		-
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		I/A	es LINO]
If "Yes," attach the statement required by Regulations section 53 494					1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	г,	TT		
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	h.lit	<u>,</u>	□		4
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No		+
b If yes, did the foundation receive any proceeds or have any net income attribut Part VIII Paid Employees and Controller Proceeds or have any net income attribut Information About Officers, Directors, Trust		nagers, Highly		7b	
Paid Employees, and Contractors	, 		•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	compensation. (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense nt, other vances
	(b) Title, and average hours per week devoted	(If not paid,	l and deterred	accou	nt, other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
	(b) Title, and average hours per week devoted	(If not paid,	l and deterred	accou allov	nt, other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	accou allov	nt, other vances
(a) Name and address SEE STATEMENT 7	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 13,500.	and deterred compensation	accou allov	nt, other vances
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 13,500.	and deterred compensation	ačcou	other vances
(a) Name and address SEE STATEMENT 7	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	aècou allov	nt, other vances
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •
(a) Name and address SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •
(a) Name and address SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •
(a) Name and address SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •
(a) Name and address SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •
(a) Name and address SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Luded on line 1). If none,	(If not paid, enter -0-) 13,500.	and deterred compensation O .	aècou allov	nt, other vances O •

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Total number of other employees paid over \$50,000

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		•
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
		· · · · · · · · · · · · · · · · · · ·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A-NO DIRECT CHARITABLE ACTIVITIES CONDUCTE		
2		0.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A-NO PROGRAM RELATED INVESTMENTS		
2		0.
All other program-related investments. See instructions. 3		
Total, Add lines 1 through 3		0.
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Part 2	Minimum Investment Return (All domestic foundations	s must complete this part. Foreign	foundations, s	ee instructions)
1 Fair	market value of assets not used (or held for use) directly in carrying out charit	able, etc., purposes:		
	age monthly fair market value of securities		1a	13,187,801.
	age of monthly cash balances		1b	193,443.
	narket value of all other assets		10	2,100,000.
d Tota	l (add lines 1a, b, and c)		1d	15,481,244.
	iction claimed for blockage or other factors reported on lines 1a and			
	ttach detailed explanation)	1e	0.	
•	isition indebtedness applicable to line 1 assets	<u> </u>	2	0.
	ract line 2 from line 1d		3	15,481,244.
4 Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	int, see instructions)	4	232,219.
	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and		5	15,249,025.
	mum investment return Enter 5% of line 5		6	762,451.
Part 2	— Distributable Amount (/Casties 4040()/0		ns and certain	
1 Mini	num investment return from Part X, line 6		1	762,451.
2a Tax	on investment income for 2009 from Part VI, line 5	_2a 7,92	5.	
b Inco	me tax for 2009 (This does not include the tax from Part VI)	2b		
c Add	lines 2a and 2b	,	2c	7,925.
3 Distr	butable amount before adjustments. Subtract line 2c from line 1		3	754,526.
4 Reco	veries of amounts treated as qualifying distributions		4	0.
5 Add	lines 3 and 4		5	754,526.
6 Dedi	ction from distributable amount (see instructions)		6	0.
7 Distr	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on P	art XIII, line 1	7	754,526.
	Qualifying Distributions (see instructions)			
	unts paid (including administrative expenses) to accomplish charitable, etc., p	ourposes:		
	nses, contributions, gifts, etc total from Part I, column (d), line 26		1a	162,666.
-	ram-related investments - total from Part IX-B		1b	0.
	unts paid to acquire assets used (or held for use) directly in carrying out char	itable, etc., purposes	2	
	unts set aside for specific charitable projects that satisfy the:			
	bility test (prior IRS approval required)		3a	
	distribution test (attach the required schedule)		3b	
	ifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8		4	162,666.
	dations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment		
inco	ne. Enter 1% of Part I, line 27b		5	0.
	sted qualifying distributions Subtract line 5 from line 4		6	162,666.
Note	The amount on line 6 will be used in Part V, column (b), in subsequent year 4940(e) reduction of tax in those years	s when calculating whether the founda	tion qualifies for	the section

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Part XIII Undistributed Income (see instructions)

1 Destributable amount for 2009 from Part XI, Inter 7 2 Undearmound norms, if any, as or the end of 2009 a Erikin amount 10 2000 only 5 Total for princip years 3 Excess distributions carryover, if any, to 2009c a From 2004 5 From 2005 6 From 2006 6 From 2006 6 From 2006 7 From 2007 7 Fatal of lines 28 through 6 4 Qualitying distributions for 2009 from Part XII, inter 4 ► \$ 1 £2, 9, 681. 1 Total of lines 28 through 6 4 Qualitying distributions for 2009 from Part XII, inter 4 ► \$ 1 £2, 666. 2 Applied to undistribution for 2009 from Part XII, inter 4 ► \$ 1 £2, 666. 3 Applied to undistribution for one of princip years (Effection required – See instructions) 6 Interest as distribution on the Corpus (Effection required – See instructions) 6 Applied to 2009 distribution amount of corpus 6 6 Excess destribution carryover species to 2009 6 Excess distribution of corpus 10 £200 £200 £200 £200 £200 £200 £200 £			(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2 Understocker recent, day, as of the end of 2609	1	Distributable amount for 2009 from Part XI,				
a Exters amount for 2008 only b Total for prior years O. Excess distributions carryover, if any, to 2009; a From 2006 b From 2006 f From 2006 f From 2007 in a From 2008 I		line 7				754,526.
b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2009: a From 2004 b From 2005 c From 2006 f From 2007 c From 2008 1. 269 , 681. 1. 70tal of lines 3s through e 4. Qualitying distributions for 2009 from Part XII, line 4: P. S. 162 , 666. Applied to 2009, but not more than ine 2a b Applied to undistributed more of prior vigars (Election required - see instructions) c Traceled six distributions out of corpus C Received in the season structions of the service services c Traceled six distributions out of corpus C Received in the service services services c Traceled six distributions out of corpus C Received in the service services c Traceled six distributions out of corpus C Received in the service services c Traceled six distributions out of corpus C Received in the service services c Traceled six distributions out of corpus C Received in the service services c Traceled six distributions out of corpus C Received in the service services c Traceled six distributions out of corpus C Received in the services c Traceled six distributions out of corpus to satisfy requirements imposed by section 170(pt 1) (pt) or 494(pt) (pt) c Traceled six distributions out of corpus to satisfy requirements imposed by section 170(pt 1) (pt) or 494(pt) (pt) C Recess distributions active to total total C Recess distributions active to total C Recess distributions out of corpus C Recess from 2005 C Recess from 2009 C	2	Undistributed income, if any, as of the end of 2009				
S Excess distributions carryover, if any, to 2009: a From 2004 b From 2005 c From 2006 d From 2007 c From 2008 1, 269, 681. 1 Total of lines 36 through 6 Part XII, line 4: ▶ \$ 162, 666. a Applied to 2006, but not more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 1006 soft individual more than line 2a b Applied to 2006 soft individual more than line 2a b Applied to 2006 soft individual more than line 2a b Applied to 2006 soft individual more than line 2a b Applied to 2006 soft individual more than line 2a b Consum Applied (and the Soft individual more) d Form a more applied and the soft individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the net total of each column an individual more than line 2b b C Enter the macron of prory versa's undistributed more for 2006 soft than the 2b b C Enter the macron of prory versa's undistributed in come for which a notice of delegancy has been sused, or on which the section 494(2a) lax has been previously assessed b Subract line 6 from line 6b. Taxabba more 1 and 1006 soft than	а	Enter amount for 2008 only			0.	
3 Excess distributions carryover, if any, to 2009: a From 2004 b From 2005 e From 2006 f From 2007 e From 2008 1	b	Total for prior years		0		
a From 2004 b From 2005 c From 2006 d From 2007 e From 2008 1	3	Excess distributions carryover, if any, to 2009:		Ų.	1	
b From 2006 c From 2006 c From 2008 d From 2008 1, 269,681. 1		1 ' '	q		,	
E From 2006 d From 2007 d From 2007 d From 2008 d 1, 269, 681. 1 Total of lines 3 through e 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 1, 269, 681. 0. Applied to 2008, but not more than line z 2 0. Applied to 2008, but not more than line z 2 0. Applied to 2008 destributible and consultations of price years (Election required - see instructions) 1, 269, 269. 0. Company of distributible and the consultations of the company of the comp			1	•		
From 2007 From 2008 1, 269, 681 1, 2				ı		
e From 2008	-					
1 Total of lines 3a through e 4 Oualifying distributions for 2009 from Part XII, line 4 1 ► S 162,666. Applied to 2009, but not more than ine 2a Applied to an distributed income of princ years (Election required - see instructions) C Treated as distributions out of corpus (Election required - see instructions) 4 Applied to 2009 distributable amount (Election required - see instructions) 5 Dense distributions carryone registed to 2009 (fine a moral applied in column (fig.) the same amount must be shown in column (fig.) (fine a moral applied in column (fig.) the same amount must be shown in column (fig.) (fine a moral applied in column (fig.) the same amount must be shown in column (fig.) (fine a moral applied in column (fig.) the same amount must be shown in column (fig.) (fine a moral applied in column (fig.) the same amount must be shown in column (fig.) (fine a moral applied in column (fig.) (fine amount applied in column (fig.) (fine app						
4 Onalitying distributions for 2009 from Part XII, line 4: ► \$ 162,666. a Applied to 2008, but not more than line 2a	_		1,269,681	5		
Part XI, Ima 4; ► \$ 162, 666. a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (election required - see instructions) c Treated as distributions out of corpus (election required - see instructions) d Applied to 2009 distributable amount elemaning amount distributed elemaning amount elemani		, i		**************************************		
a Appled to 2008, but not more than line 2a b Appled to undistributed income of prior years (Election required - see instructions)	•					
b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2009 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 591,860 .	a				0.	
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2009 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carpover applied to 2009 diff an amount appears in column (ki), the same amount must be shown to roution (ki) a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 20 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6 from line 6b. Taxable amount - see instructions c Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instructions c Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instructions c Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instructions d and 5 from line 1. This amount must be distributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 1009. The Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170((b)(1)(F) or 4942((g)(3) 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 9 Excess distributions carryover from 2004 not applied on line 5 or line 7 0 . 9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2006 c Excess from 2008 c Excess from 2009 d Excess from 2009		- · · · ·				
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2009 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 5 Excess distributions carryover to 2010 Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed morne. Subtract line 4 b from line 6b. Taxable amount - see instructions c Undistributed income for vivition as endistributed income for vivition and the second of 40 (all of 200) 3 Subtract line 6 from line 6b. Taxable amount - see instructions c Undistributed income for 2008. Subtract line 4 a from line 2 a Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions c Undistributed income for 2009. Subtract line 4 a from line 2. Taxable amount - see instructions carryover from 2004 on tapplied on line 5 or line 7 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a O Analysis of line 9: a Excess from 2006 c Excess from 2008 c Excess from 2009	•		·	0.		
Circletion required - see instructions D.	,	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		•		
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e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 6 Excess from 2007 6 Excess from 2007 6 Excess from 2009	,	` ' ' '	0.			162 666
5 Encess distributions carryover popular to 2004 (1), the same amount must be shown in column (1), the same amount must be shown in column (2), the same amount must be shown in column (2), the same amount of must be shown in column (2), the same amount of must be shown in column (2), the same amount of must be shown in column (2). The same amount of must be shown in column (2) are shown in column (2). The same amount of must be shown in column (3), the same amount of must be shown in column (3). The same shown is same shown in column (3) are shown in column (3). The same shown is same shown in column (3) are shown in column (3) are shown in column (3). The same shown is same shown in column (3) are shown in column (3) are shown in column (3). The same shown is same shown in column (3) are shown in column (3) ar		· · ·	n			102,000.
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a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deflicency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2009. Subtract line 4a from line 1. This amount must be distributed in 2010 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 9 Excess firm 2005 b Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2007 d Excess from 2008 c Excess from 2007 d Excess from 2009 e Excess from 2009 e Excess from 2007 d Excess from 2009 e Excess from 2009 e Excess from 2007 e Excess from 2009 e Excess from 2007 e Excess from 2009	6	Enter the net total of each column as				
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c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	١	•		0.		
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section 170(b)(1)(F) or 4942(g)(3) 8	7	Amounts treated as distributions out of				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009		corpus to satisfy requirements imposed by				
not applied on line 5 or line 7 9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009		section 170(b)(1)(F) or 4942(g)(3)	0.			
9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a 677,821. 10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	8	Excess distributions carryover from 2004				
Subtract lines 7 and 8 from line 6a 677,821. IO Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009		not applied on line 5 or line 7	0.			
Subtract lines 7 and 8 from line 6a 677,821. IO Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	9	Excess distributions carryover to 2010				
a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009		Subtract lines 7 and 8 from line 6a	677,821.			
b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	10	Analysis of line 9:				
c Excess from 2007 d Excess from 2008 e Excess from 2009	ŧ	Excess from 2005	•			
d Excess from 2008 e Excess from 2009	ı	Excess from 2006				
e Excess from 2009	(Excess from 2007				
e Excess from 2009	(Excess from 2008 677,821.				
		Excess from 2009				

Part XIV Private Operating F	nundations (see in	structions and Part VI	I.A guestion 9)		055/16 Page IL			
			, question s)	N/A	·			
1 a If the foundation has received a ruling of		. , ,						
foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
	Tax year	il ioditaation described	Prior 3 years	4942(j)(3) or4	942(j)(5)			
2 a Enter the lesser of the adjusted net	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total			
income from Part I or the minimum	(4) 2000	(0) 2000	(0) 2507	(8) 2000	(0) 10121			
investment return from Part X for								
each year listed b 85% of line 2a		+						
*								
 Qualifying distributions from Part XII, line 4 for each year listed 		İ			İ			
d Amounts included in line 2c not	-							
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly			-		-			
for active conduct of exempt activities								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the								
alternative test relied upon.								
a "Assets" alternative test - enter:(1) Value of all assets								
(2) Value of assets qualifying								
under section 4942(j)(3)(B)(i)					1			
b "Endowment" alternative test - enter								
2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c "Support" alternative test - enter:								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on securities loans (section								
512(a)(5)), or royalties)								
(2) Support from general public								
and 5 or more exempt organizations as provided in								
section 4942(j)(3)(B)(iii)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income	(0. 1	<u> </u>		1 105 000	<u> </u>			
Part XV Supplementary Info at any time during t			if the foundation	n had \$5,000 or m	iore in assets			
		instructions.			······································			
 Information Regarding Foundation List any managers of the foundation wh 	_	than 20/ of the total con	tributions received by the	a foundation hafare the al	oon of any tay			
year (but only if they have contributed in			inbuttons received by the	e loundation before the cit	use of ally lax			
NONE	, , , ,	(// //						
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large port	ion of the ownership of a	partnership or			
other entity) of which the foundation has								
NONE				<u>.</u>				
2 Information Regarding Contributi								
Check here ► if the foundation o								
the foundation makes gifts, grants, etc.	`		•	complete items 2a, o, c, ar	10 0.			
a The name, address, and telephone num	per of the person to who	m applications should be	addressed:					
SEE STATEMENT 8								
b The form in which applications should b	e submitted and informa	ition and materials they s	hould include;					
c Any submission deadlines:								
								
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors:				

-Form 990-PF (2009)

Form 990-PF (2009) FOUNDATION, INC.

Part XV Supplementary Information (continued)

56-6055716 Page 11

3 Grants and Contributions Paid During the Y	'	Payment		
Recipient	If recipient is an individual,		D	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year CN DAVIS HEALTH CARE CENTER 1007 PORTERS NECK ROAD WILMINGTON, NC 28411	SUPPORT	501(C)(3)- HEALTH CARE	UNRESTRICTED USE FOR MEDICAL AND HEALTH CARE	50,000
GOOD SHEPHERD MINISTRIES 811 MARTIN STREET WILMINGTON, NC 28401	NONE	501(C)(3)- CHARITY	UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	10,000
MYRTLE GROVE CHRISTIAN SCHOOL 806 PINER ROAD WILMINGTON, NC 28409	NONE		UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	2,500
TILESTON OUTREACH HEALTH CLINIC 412 ANN STREET WILMINGTON, NC 28401	NONE	501(C)(3)- CHARITY	UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	50,000
WILMINGTON FAMILY YMCA 2710 MARKET STREET WILMINGTON, NC 28403	NONE	501(C)(3)- CHARITY	UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	5,000
LOWER CAPE FEAR HOSPICE 1414 PHYSICIANS DRIVE WILMINGTON, NC 28401	NONE	501(C)(3)- CHARITY	UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	10,000
Total			▶ 3a	127,500
b Approved for future payment LOWER CAPE FEAR HOSPICE 1414 PHYSICIANS DRIVE WILMINGTON, NC 28401	NONE	501(C)(3)- CHARITY	UNRESTRICTED USE FOR CAPITAL IMPROVEMENTS	20,000
Total			▶ 3b	20,000
123611 02-02-10				20,000 rm 990-PF (2009

433,894.

13 ___

12

Form 990-PF (2009) FOUNDATION, I	NC			56-6	5055716 Page
Part XVI-A Analysis of Income-Prod	ucing Activitie	s			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d		···			
e	_ _				
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	241,913.	
5 Net rental income or (loss) from real estate:					

6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other 14 191,981. than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a

е 12 Subtotal Add columns (b), (d), and (e)

Part XVI-B

a Debt-financed property b Not debt-financed property

13 Total Add ine 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations)

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

433,894.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of						Y	es	No	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
â	Trans	sfers from the reporting founda	ation to a noncharitable exempt org	ganization of:				1	
	(1)	Cash					1a(1)		X
	(2)	Other assets					1a(2)		<u>X</u>
t	Other	transactions:						- 1	
	(1) 5	Sales of assets to a noncharital	ble exempt organization				1b(1)		_X_
	(2) F	Purchases of assets from a nor	ncharitable exempt organization				1b(2)		_X_
	(3) F	Rental of facilities, equipment,	or other assets				1b(3)		_X_
	(4) F	Reimbursement arrangements					1b(4)		<u>X</u> _
	(5) l	oans or loan guarantees					1b(5)		<u>X</u>
	(6) F	Performance of services or me	mbership or fundraising solicitatio	ns			1b(6)		X
(ılıng lısts, other assets, or paid emi				10		X
("Yes," complete the following sche					s,	
	or se	rvices given by the reporting fo	oundation. If the foundation receive	ed less than fair market val	ue in any transad	ction or sharing arrangement, sh	ow in		
	colun		other assets, or services received.						
a)	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Descri	ption of transfers, transactions, and sh	naring arran	gemei	nts
			N/A						
						· · · · · · · · · · · · · · · · · · ·			
_						 .			
				- ·					
									
_									
									
2			tly affiliated with, or related to, one	_	izations describe		_		_
			than section 501(c)(3)) or in secti	on 527?			Yes	X	No
	o If "Ye	s, complete the following scho		45.7	1				
	· · · ·	(a) Name of org	anization	(b) Type of organization	-	(c) Description of relationshi	<u>p</u>		
		N/A							
_					1				
									
									
	Under r	penalties of peniliny I declare that I h	ave examined this return, including accoi	mnanying schedules and states	ments, and to the hi	est of my knowledge and heliaf it is to	IA COTTACT		
			r than taxpayer or fiduciary) is based on a				ie, conect,		
		11 Cut	the how a	19-3-10		DW337			
ē	$\frac{1}{8}$	gnature of officer or trustee	1 / wiew	Date	Title	RMAN			
Ë		1			Date,	Check if Preparer's	s identifyin	a num	ber
Sign Here	ح ي-	Preparer's signature	nides HP resul	, 00	8/31/10	self-	=o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g 1.44111	
Ñ	Paid Preparer's Use Only	God Com	/ ~ ~ C / / O U V - 1	<u>~</u>	טוניבןט	employed			
	ge g	Firm's name (or yours RSM		יים עותקדם וו)OD	EIN ►			
	ᆸ	address and ZIP code 300	NORTH 3RD STREE' INGTON, NC 2840		OK	Dhone no (010)	760	Δ.	C 1 2
_	<u> </u>	MITW.	INGTON, NC 2840	1		Phone no. (910)	762		
						Forr	n 990-F	-r (2	(2009

CONTINUATION FOR 990-PF, PART IV 56-6055716 PAGE 1 OF 1

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr) 1a AMCAP FUNDS CLASS A 06/20/02|12/22/09 P b FIDELITY ADV MID CAP II-A 06/12/07|12/22/09 c GROWTH FUND AMERICA FD A P 06/20/0212/22/09 06/20/0212/22/09 d WASH MUTL INVS FD INC A P e PIMCO TOTAL RETURN FD A P VARIOUS 04/29/09 f US INFL ID 2.5% 07/15/16 P 11/05/0804/30/09 g PIMCO TOTAL RETURN FD A 04/03/0804/29/09 P h UST NOTES 3.675% 5/15/10 P 05/16/0512/22/09 UST NOTES 4.75% 2/15/10 03/13/07|06/18/09 P VARIOUS |06/18/09 VANGUARD k CAPITAL GAINS DIVIDENDS m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 100,000 87,196. 12,804. а 249,335. b 200,000. <u><49,335.</u>> 100,000. 74,885. 25,115. С 200,000. 219,496. <19,496.> d 192,587. 190,999. 1,588. е 1,550,055. f 1,398,072. 151,983. 1,875,115. 2,000,000. <124,885.> g 152,209. 150,940. 1,269. h 616,495. 607,266. <u>9,229.</u> 3,001,695. 2,877,056. 124,639. 59,070. 59,070. k 1 m IJ 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (1), if any 12,804. a <49,335.> b 25,115. С <19,496.> 1,588. е 151,983. <124,885.> g 1,269. h 9,229. 124,639. 59,070. k 1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 191,981. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT)
WELLS FARGO (ACCT7711) WELLS FARGO (ACCT7728)	-	249,194. 51,789.		59,070.	190,1 51,7		
TOTAL TO FM 990-PF, PART I, L	,N 4	-	300,983.		59,070.	241,9	13.
FORM 990-PF		LEGAL	FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
LEGAL		9,646.	4,	823.		4,8	23.
TO FM 990-PF, PG 1, LN 16A =		9,646.	4,	823.		4,8	23.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
ACCOUNTING AND AUDITING	1	1,648.	2,	912.		8,7	37.
TO FORM 990-PF, PG 1, LN 16B	1	1,648.	2,	912.		8,7	37.
FORM 990-PF		TAXI	ES			STATEMENT	4
	C	A)	(B)		(C)	(D) CHARITA	
DESCRIPTION	EXPE	NSES BOOKS	NET INVE		ADJUSTED NET INCOM		
DESCRIPTION PROPERTY TAX EXCISE TAX	EXPE PER 1		MENT INC				

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
INSURANCE MISCELLANEOUS	11,955. 10.087.			10,760. 4,096.
TO FORM 990-PF, PG 1, LN 23	22,042.	7,187.		14,856.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE
HATTERAS VANGUARD MUTUAL FUNDS WELLS FARGO - VARIOUS INVESTI	MENTS		2,132,269. 0. 3,025,505.	2,132,269. 0. 13,025,505.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	1!	5,157,774.	15,157,774

	LIST OF OFFICERS, I	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CYRUS D. HOGUE, JR. PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
JOHN R. MURCHISON, II PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
WILLIAM O.J. LYNCH PO BOX 2178 WILMINGTON, NC 28402	SECRETARY 1.00	1,500.	0.	0.
THOMAS L. DODSON PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
WILLIAM H. CAMERON PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
DAN GOTTOVI PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
W. CARTER MEBANE, III PO BOX 2178 WILMINGTON, NC 28402	CHAIRMAN 5.00	1,500.	0.	0.
PATRICIA C. JENKINS PO BOX 2178 WILMINGTON, NC 28402	DIRECTOR 1.00	1,500.	0.	0.
MICHAEL C. BROWN, JR. PO BOX 2178 WILMINGTON, NC 28402	TREASURER 1.00	1,500.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	13,500.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

W. CARTER MEBANE, III P.O. DRAWER 2178 WILMINGTON, NC 28402

TELEPHONE NUMBER

910-617-5327

FORM AND CONTENT OF APPLICATIONS

TAX EXEMPTION LETTER, BRIEF SKETCH OF APPLICANT, THE GRANT REQUEST PURPOSE, AND MOST RECENT AUDITED FINANCIAL STATEMENTS.

ANY SUBMISSION DEADLINES

TWO WEEKS BEFORE QUARTERLY MEETINGS ON SECOND TUESDAY COMMENCING IN FEBRUARY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO RESTIRICTIONS; HOWEVER, PRIMARILY LIMITED TO DAVIS HEALTH CARE CENTER--OTHERS FOR CAPITAL EXPENDITURE PURPOSES ONLY.

Form 8868 (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	Page 2
	▶ X
orm 8868 (Rev. 4-2009) If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	9969
orm 8868 (Rev. 4-2005) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and Creck this control of the property of the complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form Note. Only complete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on page 1).	
Note. Only complete Part II if you have already been granted an automatic 1. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies).	needed)
Note. Only complete Part II if you have already been get only Part I (on page 1). If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). If you are filling for an Automatic 3-Month Extension of Time. Only file the original (no copies Part II). Emilia Additional (Not Automatic) 3-Month Extension of Time.	ployer identification number
Darial Additional (Not Autom	biodet (dettitions)
Name of Exempt Organization Name of Exempt Organization DATES CHARITABLE	56-6055716
Type or CHAMPION MCDOWELL DAVIS CLIENT	
POUNDATION, INC. For P.O. box see Instructions.	r IRS use only
File by the Number, street, and room or suite no. If a P.O. Box,	
due date for IP O. DRAWER 2176	
City, town or post office, state, and an	5000
return. See Instructions. WILMINGTON, NC 28402 [Instructions.] WILMINGTON, NC 28402	Form 5227 Form 8870
Instructions. WILMINGTON, NC 28402 Check type of return to be filed (File a separate application for each return): Form 990-FZ Form 990-	LOMIN OFFI
Enry QQD Land Follows and the sthere then shove	Form 6069
Form 990-EZ Form 990-F Form 990-T (trust other than above) Form 4/20 Form 990-BL X Form 990-PF Form 990-T (trust other than above)	filed Form 8868.
Form 990-BL X Form 990-PF Form 990-T (trust other trial above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously	
STOPI Do not complete Part II if you were not an analysis TTT	,, , , , ,
W. CARTER MEBANE, III W. CARTER MEBANE, III PO DRAWER 2178 - WILMINGTON, NC 28402 FAX No. ►	
PO DRAWER 21/8 - WILLIAM FAX NO.	
Telephone No \$ 910-617-5327	obnok this
Telephone No. > 910-617-5327 Telephone No. > 910-617-5327 If the organization does not have an office or place of business in the United States, check this box————————————————————————————————————	is for the whole group, check the
	embers the extension is for.
box If this is for a Group Return, enter the group, check this box and attach a list with the names and the box NOVEMBER 15, 2010.	•
and and in	" " " " " " " " " " " " " " " " " " "
MILITAL TOTAL CAST TO STATE OF THE STATE OF	Change in accounting period
6 If this tax year is for less than 12 months, or 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURACY ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURACY ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURACY ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURACY AND	CURATE RETURN.
7 State in detail with your TIME IS NEEDED TO PREPARE A COMPUSE	
ADDITIONAL 2222	40.000
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	8a \$ 10,000.
Sa If this application is for formations.	
nonrefundable credits. See instructions. nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	1.0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any felchidable of the same of t	8b \$ 10,000.
tax payments made, include any prior y	
previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit C Balance Due. Subtract line 8b from line 8a. Include your payment System). See Instructions.	8c \$ 0.
c Balance Due, Subtract life ob Holl sing EFTPS (Electronic Federal Tax Payment System). See Histobush	
c Balance Due. Subtract line 8b from line 8a. include your payment with this form, or, it required. See Instructions. with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions. Signature and Verification	e hest of my knowledge and belief,
that I have examined this form, including accompanying schedules and statements, and to the	1 1
Under penalties of perjury, I declare that I am authorized to prepare this form.	Date > 8/12/10
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax 1 Symptoms of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the last true, correct, and complete, and that I am authorized to prepare this form. It is true, correct, and complete, and that I am authorized to prepare this form.	Form 8868 (Rev. 4-2009)
Signature ferminger Treamen Title PREFARIA	7